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# IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: Hartford Computer Government, Inc. CASE NO.: 11-49752

## U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

### FOR CALENDAR QUARTER ENDING JUNE 30, 2017

1.	Were any payments required to be made under the plan this past calendar quarter?	yes	no <u>X</u>
2.	If yes, were all required payments made?	yes	no
3.	If not, on a separate schedule, state the name, addressed creditor, the amount due and the reason payment w		1

I, <u>Peter Kravitz</u>, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 07/18/2017

For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

EXHIBIT "E"



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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Government, Inc. CASE NO.: 11-49752

### FOR CALENDAR QUARTER ENDING JUNE 30, 2017

#### **DISBURSEMENTS\***

1.	MONTH	DISDURSEMENTS	DISBURSEMENTS
	<u>April 2017</u>		<u>\$ 0.00</u>
	<u>May 2017</u>		<u>\$ 0.00</u>
	June 2017		<u>\$ 0.00</u>
	TOTAL DISBU FOR QUARTE		<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PO 28 U.S.C. § 1930(A)(6)	URSUANT TO	<u>\$ 325.00</u>
3.	QUARTERLY FEE PAID (Attach proof of payment)		\$
4.	AMOUNT OF UNPAID FEES	S (IF ANY)	\$ 325.00

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: <u>07/18/2017</u>

For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

<sup>\*</sup> For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: Hartford Computer Goup, Inc. CASE NO.: 11-49750

# U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

## FOR CALENDAR QUARTER ENDING JUNE 30, 2017

1.	Were any payments reunder the plan this pa	-	yes	_ noX
2.	If yes, were all require	ed payments made?	yes	_ no
3.	If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.			
perjury U.S. Ti	under the laws of the rustee Quarterly Report	United States that I have read	d and certi	irmed plan declare under penalty of ify that the information listed in this d correct as of the date of this report
DATE	D: <u>07/18/2017</u>	For the Debtor in Possession	(Trustee)	(Plan Administrator)
capacit	or type name and sy of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	<u>TRST LL</u>	.C acting as Liquidating Trustee

EXHIBIT "E"

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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: <u>Hartford Computer Goup, Inc.</u> CASE NO.: <u>11-49750</u>

### FOR CALENDAR QUARTER ENDING JUNE 30, 2017

### **DISBURSEMENTS\***

1.	MONTH	DISDURSEIVIERTS	DISBURSEMENTS
	<u>April 2017</u>		<u>\$ 0.00</u>
	May 2017		<u>\$ 0.00</u>
	June 2017		<u>\$ 0.00</u>
	TOTAL D FOR QUA	ISBURSEMENTS RTER	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWI 28 U.S.C. § 1930(A)(6)	ED PURSUANT TO	<u>\$ 325.00</u>
3.	QUARTERLY FEE PAII (Attach proof of payment		\$
4.	AMOUNT OF UNPAID	FEES (IF ANY)	\$ 325.00

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and degreet as of the date of this report to the best of my knowledge, information and belief.

DATED: <u>07/18/2017</u>

For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

<sup>\*</sup> For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

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# IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: <u>Hartford Computer Hardware, Inc.</u> CASE NO.: <u>11-49744</u>

## U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

	FOR	CALENDAR QUARTER EN	DING <u>JU</u>	NE 30, 2017
1.	Were any payments reunder the plan this pas		yes	_ noX
2.	If yes, were all require	ed payments made?	yes	_ no
3.	If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.			
perjury U.S. Ti to the b	under the laws of the rustee Quarterly Repor	United States that I have read	d and certification	irmed plan declare under penalty of a fy that the information listed in this d correct as of the date of this report (Plan Administrator)
capacit	or type name and by of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	TRST LL	.C acting as Liquidating Trustee

EXHIBIT "E"

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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Hardware, Inc. CASE NO.: 11-49744

### FOR CALENDAR QUARTER ENDING JUNE 30, 2017

### **DISBURSEMENTS\***

1.	MONTH	DISBONSEIVIE	DISBURSEMENTS
	<u>April 2017</u>		\$ 975.00
	May 2017		\$ 0.00
	June 2017		\$ 0.00
		TOTAL DISBURSEMENTS FOR QUARTER	<u>\$ 975.00</u>
2.	QUARTERLY 28 U.S.C. § 19	FEE OWED PURSUANT TO 30(A)(6)	<u>\$ 325.00</u>
3.	QUARTERLY (Attach proof of		\$
4.	AMOUNT OF	UNPAID FEES (IF ANY)	\$ 325.00

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: <u>07/18/2017</u>

For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

<sup>\*</sup> For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

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# IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

CASE NAME: Nexicore Services, LLC CASE NO.: 11-49754

# 

1.	Were any payments re under the plan this pa	-	yes	no_X
2.	If yes, were all require	ed payments made?	yes	no
3.		chedule, state the name, address lue and the reason payment wa		
I, <u>Peter Kravitz</u> , acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.  DATED: <u>07/18/2017</u> For the Deblor in Possession (Trustee) (Plan Administrator)				
capacit	or type name and by of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	TRST LLO	C acting as Liquidating Trustee

EXHIBIT "E"

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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Nexicore Services, LLC CASE NO.: 11-49754

## FOR CALENDAR QUARTER ENDING JUNE 30, 2017

#### **DISBURSEMENTS\***

1.	MONTH	DISDURSEMENTS	DISBURSEMENTS
	<u>April 2017</u>		<u>\$ 0.00</u>
	May 2017		<u>\$ 0.00</u>
	June 2017		<u>\$ 0.00</u>
	TOTAL DISBU FOR QUARTE		\$ 0.00
2.	QUARTERLY FEE OWED PU 28 U.S.C. § 1930(A)(6)	JRSUANT TO	\$ 325.00
3.	QUARTERLY FEE PAID (Attach proof of payment)		\$
4.	AMOUNT OF UNPAID FEES	(IF ANY)	<u>\$ 325.00</u>

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: <u>07/18/17</u>

For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

<sup>\*</sup> For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.